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ABSTRACT

Four types of activities were conducted during the year. First, workshops were held to train faculty to produce and use self-instructional materials. Second, professors working with the project produced materials and submitted them to the project data bank. Next, the materials submitted were validated in terms of student performance and, finally, acceptable packages of instructional materials were disseminated to the schools participating in the project. Over 1400 faculty received in-service training at workshops; 80% learned to produce packages of instructional materials during the training sessions, and it was estimated that 20% would continue to develop them on an on-going basis. Over 200 packages are currently in the data bank; the success of the project is evidenced by the requests for packages and for the extension of the program to graduate and continuing medical education. In addition, a Spanish version is being produced for the Pan-Am Federation of Medical Schools in Bogata, Columbia and preliminary plans are being made for expansion to all of Latin America, to Europe and to Africa. (PB)

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SUMMARY OF THE

SELF-INSTRUCTIONAL MATERIALS

PROJECT, 71-72

by

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Paper presented at the American Educational Research Association annual convention, March 1, 1973, Jung Hotel, New Orleans, Louisiana.

HR 000 108

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The Project

In the summer of 1971 the deans of 29 southern medical schools formed a consortium to establish the Self-Instructional Materials Project. They wanted to stimulate the production of self-instructional packages so that these could be shared throughout the southeast.

As defined by the Project, self-instructional packages are more than mediated tape-slide sequences, videotapes, filmstrips, etc. Rather, the Project defines as self-instructional only those units which have been designed for a specific set of objectives and which incorporate a post-test, practice activities, and feedback to the student.

In the past year, Project staff have conducted workshops for over 1400 health faculty on the development and production of such self-instructional units. These materials are being used by students in medicine as well as dentistry, public health, nursing, pharmacy and allied health.

Aims

The overall goals of the Project include the following:

- training of faculty in the production of self-instructional packages
- production and tryout of materials on local campuses, followed by revision
- validation of packages on other campuses within the consortium
- sharing and dissemination of packages among the member schools (1,2).

As a result of involvement with the Project it is hoped that individual faculty members on their home campuses will begin to convert their instructional

procedures to a series of self-instructional modules which will allow the student to proceed at his own rate and monitor his own performance as he proceeds (3).

Activities

The four activities described in detail below attempt to carry out the four major aims of the project:

1. Training: Any faculty member who wishes to learn how to produce self-instructional packages is invited to attend a two-day workshop sponsored by the Project at one of the thirty-three consortium schools. At these workshops the teacher works through self-instructional training materials (4). He first defines his objectives for a 30-40 minute package and selects a post-test to measure achievement of those objectives. Second, he designs and actually produces a first rough draft of his material. Finally, during the workshop, he tests his unit out on from two to five students and records the revisions needed. When he returns to his campus, he will make revisions and test the revised material out on another set of students. He is urged to revise until his objectives are met. Each package contains these elements:

a. performance objectives, both intellectual and attitudinal (5,6)

b. post-test, consistent with the objectives (5,6)

c. practice exercises to provide for student response consistent with the objectives (7)

d. feedback to the student on the adequacy of his response (8)

e. tryout and revision data as to whether or not objectives are being accomplished (8).

2. Production: Faculty members who wish to continue the production of materials after the workshop will work closely with Project Coordinators appointed by the Dean on each member campus. They will use their packages

with students and revise them until the objectives are met. Project Coordinators are urged to send these materials and all other new packages to the headquarters office to be stored and collected in a package bank.

Materials which are in the process of production and revision are announced immediately in a newsletter so that participating faculty members may know who is producing in their fields and how such packages can be obtained.

3. Validation: Members of the consortium are urged to validate their materials by sending them to the package bank at the headquarters office (at the University of North Carolina) and forwarding the names of other schools in the consortium where the materials are to be tried. The data collected from these schools focus on the proportion of students who successfully meet the objectives of the unit. These data are then returned to the original authors with student and faculty comments so that the instructional materials will be revised and thereby improved by the original author.

The data are also recorded in a Directory of Self-Instructional Materials made available to each medical school in the consortium. The directory lists by subject matter and author the institution, target group, learning time, and format. For each package, the following is provided: a) a list of all objectives, b) the validation data, if available, and c) the self-instructional characteristics (whether or not there are attitude measures as well as a post-test, practice, and feedback).

4. Sharing: The directory and the newsletter are both designed, a) to teach participants about the improvement of instruction and b) to help participating faculty members communicate with one another about available materials (1,2). In addition, to facilitate sharing, the Project sponsors a Package Fair at conventions whenever available materials can be gathered together and displayed

in carrels. The most recent was held at the Association of American Medical Colleges annual convention in Miami, 1972.

Project headquarters also distributes price lists for those interested in purchasing copies of packages within and outside of the consortium. Copyright information is made available to those planning to share materials.

Organizational Structure

As of November, 1972, thirty-three medical schools comprise the Southern Medical School Consortium. The dean of each school has appointed an official representative to act as a coordinator for the Project. Out of this group seven elected coordinators serve as the Executive Committee. This group meets bimonthly for the purpose of establishing policies and providing a long-term funding base.

Funding for the initial Project operations has been provided by contributions from 26 schools and grants from the Markle Foundation and the Sloan Foundation. Recently, the Bureau of Health Manpower Education made available funds to aid the production of materials. Further funds are being sought for production and distribution.

Results

Since the inception of the Project over 1400 health educators have attended workshops in 11 states. Eighty percent of those attending the two-day session completed a package which met Project criteria (i.e., clear objectives, including attitudinal, post-test items, appropriate practice and immediate feedback).

It is difficult to know the precise number of packages produced after the workshop, although it is estimated that one out of five faculty members not only use the packages they produce, but go on to develop others.

Currently over 200 packages are housed in Project headquarters. One hundred forty-eight of these are included in the November issue of the directory. Some 30 packages are currently under revision as a result of off-campus tryouts. About 70 packages are now available to consortium members at half-cost (usually a few dollars per package).

Many requests have been received from medical support personnel for copies of packages under production. Likewise, requests have been received to extend all phases of the Project beyond undergraduate medical education to graduate and continuing education. In addition, the training and informational materials are being translated into Spanish for use by the Pan-American Federation of Medical Schools in Bogotá, Colombia.

Cooperative arrangements to share materials are now developing among health educators across the U.S., in Canada, and among the Pan-American, European, and African nations.

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